Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Title:: STENT DESIGNS WHICH ENABLE THE

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DURING MRI

Attorney Docket Number:: S13.12-0133

Request for Non-Publication?:: No
Suggested Drawing Figure:: 4
Total Drawing Sheets:: 11
Small Entity?:: No
Petition included?:: No

Petition Type::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Dutch
Given Name:: Jan
Family Name:: Weber

Name Suffix::

City of Residence:: Maple Grove

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 18112 89th Place North

City of Mailing address:: Maple Grove

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55311

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Thomas J. Family Name:: Holman

Name Suffix::

City of Residence:: Princeton

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 29625 139th Street NW

City of Mailing address:: Princeton
State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55371

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: James

Family Name:: Heggestuen

Name Suffix::

City of Residence:: Stillwater

State or Province of Residence:: MN Country of Residence:: US

Street of Mailing address:: 725 Sixth Avenue South

City of Mailing address:: Stillwater

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55082

Correspondence Information

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State or Province of mailing address:: MN

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885	Brian D. Kaul	
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675	Leanne R. Taveggia	
383	Robert M. Angus	
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Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application			MM/DD/YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No
			·

Assignee Information

Assignee name:: SciMed Life Systems, Inc.

Street of mailing address:: One Scimed Place

City of mailing address:: Maple Grove

State or Province of mailing address:: MN

. Country of mailing address::

Postal or Zip Code of mailing address:: 55311